| JAN 1 8 2005  | is form, together wit  | hliaabla£  |  |   |   |  | f /  |
|---|--|--|--|---|---|--|--|
| or <u>Fax</u> (703) 746-4000  |  |  |  |   |   |  |  |
| INSTRUCTIONS: The form appropriate LAIM further correlated unless corrected be maintenance fee notifications  | n should be used for tran<br>espondence including the l<br>elow or directed otherwise    | smitting the ISSU<br>Patent, advance or<br>in Block 1, by (a | JE FEE and leading | PUBLICATION FEE (if requirements of maintenance fees a new correspondence address             | nired). Blocks I<br>will be mailed<br>s; and/or (b) inc                 | through 5 sl<br>to the current<br>licating a sepa                    | hould be completed when correspondence address a trate "FEE ADDRESS" fo  |
|   | ADDRESS (Note: Use Block 1 for   | any change of address)                                       |  | Note: A certificate of Fee(s) Transmittal. The papers. Each addition have its own certificate | al paper, such a  | as an assignme   | or domestic mailings of the for any other accompanying the formal drawing, must be the formal drawing, must be the formal drawing. |
|   | CFARRON, MANZ<br>EV 45   | ZO, CUMMI<br>9445310   |  | Ce<br>I hereby certify that t   | rtificate of Ma<br>his Fee(s) Trans<br>with sufficient<br>il Stop ISSUE | iling or Trans<br>smittal is being<br>postage for fir<br>FEE address | g deposited with the Unite<br>st class mail in an envelop<br>above, or being facsimil  |
| CHICAGO, IL 6060  | )6   |  |  | Renee C.  | Barthe  | 1, 48,   | 356 (Depositor's name  |
| 24/2005 YPOLITÉ2 00000095 10015862  |  |  | Alnu (   |   | Barthel   |  | (Signature   |
| 2501 700.00 OP  |  | •  | January  |   | 18, 2005  |  | (Date  |
| : 1504<br>: 800PLICATION NO.  | FILING 20 00 0P  |  | FIRST NAMEI  | DINVENTOR   | ATTORNEY DOCKET NO.   |  | CONFIRMATION NO.   |
| 10/015.862  | 12/12/2001   | Michael D. Hooven  |  | HOO   | V 118   | 7296   |  |
| TITLE OF INVENTION: TR  | ANSMURAL ABLATION  | DEVICE WITH  | SPRING LOA   | ADED JAWS   |   |  | ,  |
|   |  |  |  |   |   | <b>.</b> 0   |  |
| •   |  |  | 0000   |   | 100000  |  |  |
| APPLN. TYPE   | SMALL ENTITY   | ISSUE FEE  |  | PUBLICATION FEE   | TOTAL FEE(S) DUE  |  | DATE DUE   |
| nonprovisional  | YES  | _\$ <del>685</del>   |  | \$300   | <u>\$985-</u>   |  | 03/02/2005   |
| EXAMINER  |  | ART UNIT   |  | CLASS-SUBCLASS  |   |  |  |
| ROLLINS, ROSII  | LAND STACIE  | 3739   |  | 606-041000  |   |  |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |  |  | (1) the names of up to 5 registered patent attorneys   |   |   | Alex,McFarro,Cummings &  |  |
| . ASSIGNEE NAME AND   | RESIDENCE DATA TO B  | E PRINTED ON T   | THE PATENT   | Γ (print or type)   |   | ·  |  |
| PLEASE NOTE: Unless   |  | elow, no assignee  | data will app  | ear on the patent. If an assig  | nee is identified   | d below, the d   | ocument has been filed for   |
| (A) NAME OF ASSIGNE   | E  | <b>(</b> E   | B) RESIDENC  | CE: (CITY and STATE OR CO   | UNTRY)  |  |  |
| Atricure 1  | Inc.   |  | West (   | Chester, OH   |   |  |  |
| Please check the appropriate  | occionos enterem en este es  | ries (will not be an   | inted on the -   | atent). [] Individual [7]   | 'amaratian as a   | ther private on  | oup entity 🖵 Governmen   |
| a. The following fee(s) are e   |  |  | D. Payment of  |   | corporation of o  | mer private gr   | oup entity - Governmen   |
| issue Fee   |  | 40   | _ `  | in the amount of the fee(s) is e  | nclosed.  |  |  |
| Publication Fee (No sn  | nall entity discount permitte  | ed)  |  | by credit card. Form PTO-203  |   |  |  |
| Advance Order - # of  | Copies <u>Ten (10</u>  | )  | The Dire   | ector is hereby authorized by ount Number 50-103  | charge the requ   | ired fee(s), or<br>lose an extra c                                   | credit any overpayment, opy of this form).   |
| . Change in Entity Status (  a. Applicant claims SM   | from status indicated above IALL ENTITY status. See                                      |  |  | ant is no longer claiming SMA   |   |  |  |
| The Director of the USPTO is NOTE: The Issue Fee and Punterest as shown by the reconstant.  | s requested to apply the Issublication Fee (if required) winds of the United States Page | ne Fee and Publica vill not be accepted                      | tion Fee (if and from anyone Office  | ny) or to re-apply any previous<br>e other than the applicant; a reg                          | ly paid issue fegistered attorney                                       | e to the applica<br>or agent; or the                                 | ation identified above.<br>he assignee or other party i  |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name \_\_\_

Renee C. Barthel

Registration No. 48,356